County: Rock MEADOW PARK HEALTH CARE CENTER 709 MEADOW PARK DRIVE Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporati on Skilled No Yes 63

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Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
	No No	Primary Diagnosis	%	Age Groups	% 	Less Than 1 Year 1 - 4 Years	50. 0 30. 4
Supp. Home Care-Household Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 19. 6	Under 65 65 - 74	5. 4 8. 9	More Than 4 Years	19. 6
Respite Care	Yes	Mental Illness (Other)	1.8	75 - 84	32. 1	 	100.0
	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemi pl egi c	0. 0 0. 0	85 - 94 95 & 0ver	41. 1 12. 5	Full-Time Equivale	nt
Congregate Meals Home Delivered Meals	Yes No	Cancer Fractures	0. 0 3. 6		100. 0	Nursing Staff per 100 R (12/31/00)	esi dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	32. 1 30. 4	65 & 0ver	94. 6	RNs	5. 1
Referral Service Other Services	No No	Di abetes Respi ratory	1. 8 0. 0	Sex	% 	LPNs Nursing Assistants	5. 1
Provi de Day Programming for	No	Other Medical Conditions	10. 7	Male Female	25. 0 75. 0	Aides & Orderlies	33. 0
Provi de Day Programming for			100. 0	гешате			
Developmentally Disabled ************************************	No	*********	******	********	100.0	 ************	******

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pr			Private Pay			Managed Care			Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien			Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100.0	\$250.00	29	96. 7	\$107.52	0	0.0	\$0.00	23	95.8	\$123.00	0	0.0	\$0.00	54	96. 4%
Intermedi ate				1	3. 3	\$89. 43	0	0.0	\$0.00	1	4. 2	\$119.00	0	0.0	\$0.00	2	3. 6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total		100.0		30	100. 0		0	0.0		24	100.0		0	0.0		56	100.0%

Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Conditions	, Services,	and Activities as of	12/31/00
Deaths During Reporting Period							
				% Ne	edi ng		Total
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	17.8	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0. 0		2. 5	37. 5	56
Other Nursing Homes	2. 7	Dressing	30. 4		2. 1	37. 5	56
Acute Care Hospitals	76. 7	Transferring	32. 1		0. 4	37. 5	56
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	32. 1		0. 4	37. 5	56
Rehabilitation Hospitals	0. 0	Eating	71. 4		3. 6	25. 0	56
Other Locations	2. 7	********	******	******	********	*********	******
Total Number of Admissions	146	Continence		% Sp	eci al Treat	monts	0%
Percent Discharges To:	140	Indwelling Or Externa	l Cathotor			despiratory Care	$0.\stackrel{\sim}{0}$
Private Home/No Home Health	28. 4	0cc/Freq. Incontinent				Cracheostomy Care	
Private Home/With Home Health							0.0
	7. 1	Occ/Freq. Incontinent	or bower		Receiving S		0.0
Other Nursing Homes	7. 1	353334				stomy Care	3. 6
Acute Care Hospitals	27. 7	Mobility			Receiving 1	ube Feeding	3. 6
Psych. HospMR/DD Facilities	0.0	Physically Restrained		1. 8	Recei vi ng A	Æchanicallÿ Altered Di	iets 23.2
Reĥabilitation Hospitals	0.0						
Other Locations	4. 3	Skin Care				nt Characteristics	
Deaths	25. 5	With Pressure Sores		14. 3	Have Advanc	e Directives	100. 0
Total Number of Discharges		With Rashes		0.0 Me	di cati ons		
(Including Deaths)	141				Receiving F	Sychoactive Drugs	46. 4
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		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	This Proprieta			50-	99	Ski l	led	Al l	
	Facility	Facility Peer Group			Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	63. 6	82. 5	0. 77	87. 3	0. 73	84. 1	0. 76	84. 5	0. 75
Current Residents from In-County	71. 4	83. 3	0. 86	80. 3	0.89	83. 5	0.86	77. 5	0. 92
Admissions from In-County, Still Residing	15. 1	19. 9	0. 76	21. 1	0.71	22. 9	0. 66	21. 5	0. 70
Admi ssi ons/Average Daily Census	231. 7	170. 1	1. 36	141. 8	1.63	134. 3	1. 73	124. 3	1.87
Discharges/Average Daily Census	223. 8	170. 7	1. 31	143. 0	1. 57	135. 6	1. 65	126. 1	1. 78
Discharges To Private Residence/Average Daily Census	79. 4	70. 8	1. 12	59. 4	1. 34	53. 6	1. 48	49. 9	1. 59
Residents Receiving Skilled Care	96. 4	91. 2	1.06	88. 3	1. 09	90. 1	1.07	83. 3	1. 16
Residents Aged 65 and Older	94. 6	93. 7	1. 01	95. 8	0. 99	92. 7	1. 02	87. 7	1.08
Title 19 (Medicaid) Funded Residents	53. 6	62. 6	0. 86	57. 8	0. 93	63. 5	0.84	69. 0	0. 78
Private Pay Funded Residents	42. 9	24. 4	1. 76	33. 2	1. 29	27. 0	1. 59	22. 6	1. 90
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	21. 4	30. 6	0. 70	32. 6	0. 66	37. 3	0. 57	33. 3	0.64
General Medical Service Residents	10. 7	19. 9	0. 54	19. 2	0. 56	19. 2	0. 56	18. 4	0. 58
Impaired ADL (Mean)	51. 4	48. 6	1.06	48. 3	1. 07	49. 7	1.04	49. 4	1.04
Psychological Problems	46. 4	47. 2	0. 98	47. 4	0. 98	50. 7	0. 92	50. 1	0. 93
Nursing Care Required (Mean)	5. 6	6. 2	0. 91	6. 1	0. 92	6. 4	0.87	7. 2	0. 78